

Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222

Curriculum Change Request

Submission Date: _____ Program Name: _____

Type of Program: ☐ RN ☐ PN Proposed Date of Implementation: _____

Documentation of Internal Approval Process within the College or University:

Briefly describe the change being requested: _____

Does this change involve one or more of the following:

- **Substantive change in the philosophy, objectives, conceptual or organizing framework**
☐ Yes ☐ No
- **Change in sequence of the majority of courses offered or a change in the overall program content designed to achieve educational outcomes which may alter the program outcomes**
☐ Yes ☐ No
- **Introduction of tracks/alternative programs of study that provide educational mobility.**
☐ Yes ☐ No
- **Increase or decrease in the length of the program:** ☐ Yes ☐ No

If the answer is "no" to all the questions above, no need to contact the Board of the change.

If the answer is "yes" to even of the above questions, proceed with the following proposal submission:

Action Taken

Evaluated By: _____

Education Committee for: Information Purposes: ☐ Date: _____

Evaluation: ☐ Date: _____

Action Taken: ☐ Approved ☐ Not Approved ☐ Deferred for Additional Information

Board of Nursing Review: Date: _____

Action Taken: ☐ Approved ☐ Not Approved ☐ Deferred for Additional Information

Program Notified of Action: _____

SUPPORTING DOCUMENTATION REQUIRED FOR CURRICULUM REVISION REQUEST

Rationale for Proposed Change: *Include descriptions and discussion of data that led to decisions to make changes such as changes in nursing practice, responses to employer or graduate surveys, advisory committee minutes, course evaluation, or total program evaluation findings. Include the actual raw data.*

Chart of Proposed Curriculum: *Submit chart outlining the present curriculum and changes being proposed; Include any changes in number of credit hours and allocation of class content to lecture versus laboratory/clinical*

Concise presentation of proposed curriculum: *Include if applicable: Philosophy or Mission and Goals or Objectives; For each nursing course in the revised curriculum include: course descriptions, course competencies, pre- or co-requisites*

Timetable for implementation of proposal: *Include a schedule of the first semester that each new course will be taught, a schedule of the last semester that each old course to be phased out will be taught, and the date that the first cohort of graduates will complete the revised curriculum.*

Students: *Address the effects the revised curriculum will have on currently enrolled students. Include contingency plans for students who drop/fail/drop out and seek readmission under the revised curriculum.*

Faculty: *Explanation of the effects the changes will have on current faculty; Explanation of the number of faculty needed to implement the proposed changes and how this faculty will be recruited and trained.*

Support Staff: *Explanation of the effects of the changes on current support staff, i.e., secretaries, clerks, learning resources and skills laboratory staff; Discussion of the number of additional support staff needed to implement the proposed changes.* ☐ Not Applicable

Educational Resources and Facilities: *Description of how the following educational facilities will be adjusted to accommodate the implementation of the proposed curriculum changes (as applicable): classroom space, conference rooms, faculty office space, skills laboratory, other technology; Explanation and cost of additional purchases required to meet the teaching/learning needs of faculty and students: library resources, skills laboratory media resource learning center (hardware and software), computer resources (hardware and software)* ☐ Not Applicable

Affiliate Agencies: *Explanation of the effects proposed changes will have on current and new affiliate agencies used for clinical experiences; Explanation of how agencies may be used differently to implement the changes. Enclose letters from nursing administrators that indicate how many students can be accommodated for clinical experiences in each of the patient/client care areas, i.e., medical-surgical, maternity, pediatrics, mental health, community health, leadership/management, home health, ambulatory care; Explanation of how curriculum changes and changed expectations of students will be communicated to affiliate agencies.* ☐ Not Applicable

Financial Support: *Documentation of administrative commitment to provide adequate financial support and the educational resources necessary to implement the proposed changes; Evidence of the source of financial support to implement the proposed changes.* ☐ Not Applicable

Evaluation of the implementation of the proposal: *Description of the methods that will be used to evaluate the effects that the proposed changes will have on students, faculty, support staff, implementation of the curriculum, quality of learning and clinical experiences, and educational, clinical, and financial resources; Description of the effects (if any) the proposed changes will have on roles/functions of graduates.*

Submitted By: _____

Title: _____